

Revised Manifest Summary Report

MERCY HOSPITAL MEDICAL CENTER
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Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
11/15/1988		87119246		216.84	LBS		CMP		

Total Records: 1

Default Volume: 0

Total Waste Volume: .1084

October 1988

Department of Health Services
Toxic Substances Control Division
Sacramento, California

Please print or type. (Form designed for use on site (12-pitch typewriter).)

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address
Mercy Hospital Medical Center
6th and University, Des Moines, Iowa 50314
515 247-3085

A. State Manifest Document Number
87119246

B. State Generator's ID

4. Generator's Phone ()

5. Transporter 1 Company Name

6.

US EPA ID Number

Allan E. Wolf Equipment & Cons. **M 0 D 0 9 1 3 5 5 9 6 6**

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8.

US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
Omega Recovery Services
12504 E. Whittier Blvd.
Whittier, CA 90602

10.

US EPA ID Number

C A D 042 245 001

G. State Facility's ID

CAD04245001
H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a. **Hazardous waste Liquid N.O.S. ORM-E**
NA 9189

2 6 D F

2 6 G

State

EPA/Other

b.

State

EPA/Other

c.

State

EPA/Other

d.

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a.

01

b.

c.

d.

15. Special Handling Instructions and Additional Information

A) Spent Lithium Bromide

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

David L. Cook

Signature

David L Cook

Month Day Year

11 11 15 88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Bob Jackel

Signature

Bob Jackel

Month Day Year

11 11 15 88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Tim Baltierra

Signature

Tim Baltierra

Month Day Year

11 11 18 88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

DHS 8022 A (1/87)

EPA 8700-22

(Rev. 9-86) Previous editions are obsolete

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

To: P.O. Box 3000, Sacramento, CA 95812

INSTRUCTIONS ON THE BACK